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<b>Purpose</b>	Provide guidance for effective delivery of services to foster children
<b>Definition</b>	<p>The placement of a maltreated, neglected, or delinquent infant or child including those made directly by parents or by third parties and placement of a child who has been voluntarily relinquished to the Department of Health &amp; Human Services or any other child placement agency licensed by DHSS.</p>
<b>Who May Initiate Placement</b>	<p>Placements may be initiated by:</p> <ul style="list-style-type: none"><li>• Health &amp; Human Services</li><li>• Correction/judicial system</li><li>• Private citizen/agency</li></ul>
<b>Guardian(s) For Foster Children</b>	<p>The vast majority of foster children in Nebraska are wards of the State. That is, they are the legal responsibility of the State through the Department of Health &amp; Human Services.</p> <p>These children are placed with foster families licensed by the State. In some cases the children are placed with another member of the family instead of a licensed foster family. These children are still wards of the State and considered foster children.</p>
<b>Family Size</b>	All foster children are considered a family of one.
<b>Income Determination</b>	<p>Payments made to the foster family by DHHS for the care of the foster child shall be considered as income for that child.</p> <p>Foster children almost always are on Medicaid and therefore adjunctively income eligible for the program.</p> <p>If the agency has placed a child in a permanent home and/or subsidizes the adoption of the child, the child shall be considered a member of the family with whom the child resides and the income eligibility would be based on that family's income.</p>

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**Acceptable Foster  
Child Identification**

Many foster placements occur as a result of a crisis situation, therefore, the foster parents will have little or no documentation regarding a child's identity. Other methods of identification should be used in these situations.

Acceptable forms of identification would be:

- Foster placement letter from the caseworker or contractor
- Verbal statement from DHHS caseworker or Medicaid managed care contractor to WIC staff confirming that the child has been placed with the foster family.
- Birth Certificate

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**Check Issuance**

Placements may be:

- temporary and brief, with a child being with several different foster families over a period of time
- long term with the same family, i.e. placed with a family member such as grandparent or aunt.

Monthly Issuance is required when placement is with:

- a foster family and it is unknown how long the child will remain with this family, checks should be issued monthly. Monthly checks should be issued for at least the first three months of placement, or until it is determined that the child will remain with this family for an extended period of time.
- a relative and it is thought to be short-term (less than 4-6 months).

Bi-monthly issuance is allowed when:

- child is with the same foster family for more than three consecutive months.
- child is with a family member or relative and the placement is thought to be long term (more than 4-6 months).
- there is documentation in the file of contact between WIC staff and the case worker to determine length of placement.

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**Nutrition & Health  
Education**

Children who have entered or moved from one foster care home to another during the previous six months are determined to be high risk according to Nebraska WIC Risk Criteria.

As high risk clients education must be provided by a CPA. Please refer to Volume II, Section D, Page 1 and Section E, Page 1 for more information on assigning risk criteria and providing education to high risk clients.

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**Outreach**

The State WIC Office will discuss, at least annually, ways to improve outreach to foster families with DHHS staff.

**Outreach (cont.)**

Eligibility of foster children is a part of the WIC Outreach brochure which is used throughout the state.

Local agencies should routinely include written information on serving foster families when contacting local DHHS offices and Medicaid Managed Care contractors. In particular, contact should be made with supervisors of Child Protective Services (CPS) units.

In-service training about WIC services and eligibility may be appropriate for CPS caseworkers and contractors, since they work with foster care placements.

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